Quality Improvement Council Charter

Last Updated November 2017

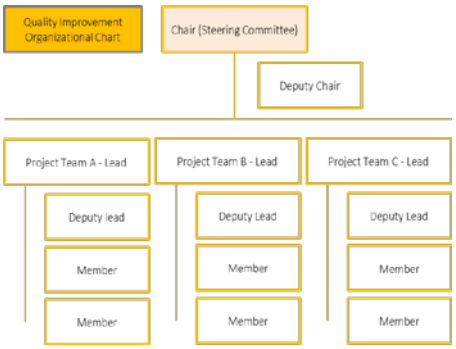
Public Health Services
Maryland Department of Health (MDH)

1. PURPOSE OF THE COUNCIL
   1.1. The Quality Improvement Council is a leadership development program that connects public health advocates with skills to build stronger public health systems. Maryland Public Health Services staff who commit to and are selected for this program are henceforth called "Quality Improvement Council members." Council members who serve a full term will earn demonstrable skills, experience, and an expanded network for enhancing work flow and leadership capacity.
   1.2. The mission of the Quality Improvement Council is to grow a culture of quality improvement in Public Health Services.

2. DEFINITIONS AND ACRONYMS[1]
   2.1. Accreditation. The development and acceptance of a set of national public health department (HD) accreditation standards; the development and acceptance of a standardized process to measure HD performance against those standards; the periodic issuance of recognition for HD that meet a specified set of national accreditation standards; and the periodic review, refining, and updating of the national public HD accreditation standards and the process for measuring and awarding accreditation recognition.
   2.2. Performance Management. Quality improvement is one part of performance management. Performance Management is a systematic process that helps an organization achieve its mission and strategic goals by improving effectiveness, empowering employees, and streamlining decision making. In practice, performance management often means actively using data to improve performance, including the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results.
   2.3. Plan-Do-Study-Act (PDSA). PDSA is an iterative four-stage problem-solving model for improving a process or carrying out change. Three fundamental questions associated with PDSA are: what are we trying to accomplish? How will we know that a change is an improvement? What changes can awe make that will result in improvement?
   2.4. Quality Improvement (QI). The use of a deliberate and defined improvement process that is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.
   2.5. QI Plan. Maryland Public Health Services' roadmap to doing better. Updated annually.

3. OVERSIGHT
   3.1. The QI Steering Committee oversees the QI Council and their work plan. The Steering Committee cultivates a foundation for success for QI. The Steering Committee comprises of leadership from the Office of the Secretary and Division of Public Health Services (PHS).

4. ORGANIZATION OF QI COUNCIL
   4.1. Appointment
      4.1.1. The Council shall consist of no less than three (3) and no more than 25 members. A vacancy shall not prevent the Council from conducting business.
      4.1.2. Maryland MDH PHS staff must apply to be considered for the Council. Selection will be based on a set of criteria:
         4.1.2.1. Completion of application
         4.1.2.2. Staff of Maryland MDH PHS
         4.1.2.3. Match in Council goals and applicant interests
         4.1.2.4. Diversity of overall Council
      4.1.3. The Council recognizes the importance of diversity in membership. The Council will look for representation based on:
         4.1.3.1. MDH PHS administration
         4.1.3.2. Staffing level (e.g., management, coordinator, administrative support)
      4.1.4. 4.1.4. Council members will receive a letter of acceptance.
   4.2. Requirements
      4.2.1. All members of the Council shall serve on a voluntary basis without compensation.
      4.2.2. All must maintain employment with MDH PHS.
      4.2.3. Council members shall serve for two-year terms. This does not preclude any leader from being reappointed. There is no maximum appointment.
      4.2.4. Members who receive a letter of acceptance must confirm their role by submitting the QI Advocate pledge.
      4.2.5. The Council has the right to remove Council leaders for good cause shown.
      4.2.6. Automatic removal results when a member fails to attend a minimum of 75% of Council meetings in a calendar year without reasonable excuse presented in written form and accepted by the Council Chair.
   4.3. Rotation
      4.3.1. Members of the Council will serve in staggered terms.
   4.4. Positions
      4.4.1. The positions within the Council are flexible and scalable to needs and resources. The Chair may evaluate needs and make decisions accordingly.
      4.4.2. The Chair and Deputy Chair positions will be filled by Steering Committee members. The Steering Committee has oversight of the Council.
      4.4.3. Each position's responsibilities will be outlined by each Council.



5. MEETINGS
   5.1. A quorum for the purpose of holding a Council full group meeting shall consist of not less than three (3) Council members.

5.2. As schedules and space permits, Council meetings will be held at the Maryland MDH Preston Street campus. Meetings should be attended in person.
5.3. Council meetings shall be held at a frequency agreed upon by the Council members.
5.4. Written notice of the starting time, date, and location of each Council meeting shall be electronically sent to each member no less than seven (7) calendar days before each meeting.

6. VOTING AND DECISION MAKING
   6.1. Council members should seek consensus first.
   6.2. If consensus cannot be reached, the Council shall cast votes. Each member has one vote per decision. Voting can be obtained in person or in writing. When voting, decisions shall be made via majority.

7. GUIDING PRINCIPLES
   7.1. The Council will ground its work on QI methodology (i.e., PDSA) and employ QI tools to understand and improve processes and outcomes.
   7.2. The Council's decisions will be data-driven and evidence-based, but it will also use and respect people's knowledge and experience.
   7.3. The Council will facilitate processes that will be transparent and inclusive.
   7.4. The Council will foster engagement and accountability within project teams.
   7.5. The Council will focus on learning and improvement over judgment and blame, and value prevention over correction.

8. MEETING SUMMARIES
   8.1. Meeting summaries are to be submitted within 7 days of each project's meeting.

9. RESPONSIBILITIES & WORK PLAN.
   9.1. Annually, Council members will update the work plan.
   9.2. The work plan will be guided by the following elements, delineated by NACCHO[2]:
      9.2.1. Leadership Commitment
      9.2.2. QI Infrastructure (including finalizing a QI Plan)
      9.2.3. Employee Empowerment and Commitment
      9.2.4. Customer Focus
      9.2.5. Teamwork and Collaboration (including actively participating in QI project)
      9.2.6. Continuous Process Improvement
   9.3. In the first year of the two-year term, Council members shall:
      9.3.1. Actively participate in the "QI Basics" training.
      9.3.2. Engage in one (or more) QI project as outlined in the QI Plan.
      9.3.3. Execute the work plan.
   9.4. In the second year of the two-year term, Council members shall:
      9.4.1. Actively participate in the "QI Train-the-Trainer" training.
      9.4.2. Teach a part of the "QI Basics" training; and provide technical assistance upon request.
      9.4.3. Perform all responsibilities outlined in 9.3.

[1] Public Health Accreditation Board. (2013). Acronyms & Glossary of Terms, Version 1.5. Retrieved from: http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf

[2] National Association of County & City Health Officials. (2012). Roadmap to a Culture of Quality Improvement. Retrieved from: http://qiroadmap.org/wp-content/uploads/2013/01/QIRoadmap.pdf